

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### **ACCIDENT STATEMENT**

Date of Submission 08/03/2022 14:25 (SGT) **Date of Accident** 04/03/2022 06:19 (SGT) **Exact Location of Accident** Ppis Bt Batok, Singapore Additional Location Information

Upper Bukit Timah Road to Old Jurong Road bef BS43631 (PPIS

Bt Batok) Singapore

Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SMB319S** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

**SMRT BUSES LTD** Company Reg No 1XXXXX292D **Email Address** 

Auto-Svcs-BARC@smrt.com.sg Mobile Phone No

(Phone) +65-68662672 Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Man Model

Ng363f Variant

Exact purpose for which vehicle was being used at time of accident **Employment** 

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party **Vehicle Category** Bus Transmission Auto

CC 10518

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty

Fleet Policy Yes Policy Number

D-21097498MFBP Cover Note Number

DRIVER

Name of Driver Seng Han Feng

SXXXX236F NRIC No 02/11/1987 Date Of Birth Outdoor Occupation 05/01/2009 **Date Of Driving Pass** 13 YEARS AND 2 MONTHS Driving experience Male Gender (Phone) +65-68662672 Mobile Number Alt. Phone Number **Email Address** Auto-Svcs-BARC@smrt.com.sg 60 WOODLANDS INDUSTRIAL PARK E4 Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

On 4/3/2022 at around 0619hrs, I was travelling on the extreme left lane of the 05 lane along Upper Bukit Timah Road heading towards the direction of Boon Lay Bus Interchange on Svc 178,SMB319S. My bus speed was around 15-20km/hrs. Bus was approaching the signalized T-Junction of Old Jurong Road for my right turn, the traffic light was showing red in color so I stopped my bus at the stop line behind a pte bus and waited. When the traffic light turned to showed green with green right turning arrow. The pte bus infront began to move on and made its right turn so I continued to move on and followed behind the pte bus for my right turn. When the pte bus infront reached at the receiving lane along Old Jurong Road, the pte bus hit onto the traffic light ahead and stopped. Upon seeing this, I immediately stopped my bus behind and waited. While waiting, the pte bus sudden began to reverse and hit onto my bus front right portion to result in this Reversing accident case. Upon seeing this, I immediately alighted from bus to conduct damage checks. While checking, I noticed that my bus - SMB319S: Front right windscreen cracked and headlight cover cracked while the third party bus (PA9929S) had its Rear portion scratches

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

PA9929S

1en

Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	-
Name of Driver	Bus
Contact Number	UNKNOWN
Address	
Address complement	
Postcode	
Insurance Company Name	NTUC Income Income Co. according Lad
Nature Of Damage	NTUC Income Insurance Co-operative Ltd
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

SO-VIUS 1 SO-VIUS

Palicyholder's Signature Date & Time: Sur 13974

Oriver's Signature (If driver is not the policyholder) Date & Time: THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN Private	Bus A A A A A A A A A A A A A A A A A A A	
sevuse an	LHIT IND Me	
SMB 31	7/3/	old jurong Rd
A St. A Stranger or a stranger		4/3/2022, 0619 hrs
	1 1 1 V 1 V 1 1 1 1	S178, 8MB 3195
	1 2 +	Bc 13974
	2 28	Rims: 332720
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
When the pi	rivate bus hit the	Red light, I was behise
The Private b	45 (PA99295). AF	fur the Private bus (PA99295)
hit the red ligh	+ he started to reve	rse the bys and hit into me,
1 362 502	) Statement	
	A Company of the Comp	
No. 20 No.		
	Salary V	
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	lars are true in every respect.	
Policyholder's Signature Date & Times	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Date & Time: